## SystmOne data sharing information opt out form

If you wish to opt OUT of your detailed electronic health (and where applicable social care) record being shared as detailed in the data sharing information leaflet, please tick the box and complete the form below, then return this to reception.

I wish to opt out of data sharing □

Name: ……………………………………………………………………………

Date of birth: …………………………………………………………………

Address: ……………………………………………………………………….. Post code …………………………….

Signed: ………………………………………………………… Date ………………………………………

Please be aware you can change this preference any time by contacting the practice.